Effective October 1, 2000 09/708, 768												
CLAIMS AS FILED - PART I (Column 1)						nn 2)		SMALL EI	VTITY	OR	OTHER SMALL E	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•			X40=		OR	X80=	
MUI	LTIPLE DEPENI	DENT CLAIM P	RESENT					+135=			+270=	
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	•	TOTAL	255	OR OB	TOTAL	
•			IOIAL	300	199	OTHER	THAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	<i>3</i> °	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	.00	Minus	e	20			X\$ 9=		OR	X\$18=	
MEN	Independent	· 3	Minus	***	3	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Coli	ımn 2)	(Column 3	3	ADDIT. FEE	L	J • · · ·	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	1	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135= ′		OR	+270=	
								ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2) HEST	(Column 3	3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	NUI PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=	•	OR	X\$18=	
	Independent	•	Minus	•••		=	4	X40=		OR	X80=	
	FIRST PRESE	NTATION OF N	MULTIPLE DE	PENDEN	IT CLAIM		_	+135=	†	OR	+270=	
the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number